

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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I hereby **do not claim** domestic priority benefits under 35 U.S.C. § 120.

I hereby **claim provisional application priority benefits** under 35 U.S.C. §119 (e) of any provisional application(s) under 35 U.S.C. §111(b) listed below:

**PRIORITY PROVISIONAL APPLICATION(S)**

|                      |                   |                                                                           |
|----------------------|-------------------|---------------------------------------------------------------------------|
| <u>60/557290</u>     | <u>29/03/2004</u> | Priority Claimed                                                          |
| (Provisional Number) | (Day/Mo./Yr.)     | ( <input checked="" type="checkbox"/> )Yes ( <input type="checkbox"/> )No |


**POWER OF ATTORNEY**

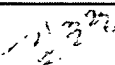
I hereby revoke any previous Powers of Attorney and appoint **Robert W. Strozier, Registration No. 34,024** an attorney with the law firm of **ROBERT W. STROZIER, P.L.L.C., P.O. Box 429, Bellaire, Texas 77402-0429, Customer Number 23873**, as its attorney with full power of substitution and revocation, to prosecute the application, to make alterations and amendments therein, to transact all business in the Patent and Trademark Office in connection therewith and to receive the Letters Patent.

I hereby direct that all correspondence and telephone calls to the information associated with the following Customer Number:

**23873**

I hereby declare that all statements made of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

|                                                                                                |               |
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